

Dental/Vision Plan Offered With Advantage 65



Administered by Anthem Blue Cross and Blue Shield
and Delta Dental Plan of Virginia

July 1, 2004

Your group may choose to offer the Dental/Vision plan with the Advantage 65 plan. For a complete description of the benefits and exclusions, please see the Dental/Vision Member Handbook.

How The Plan Works

Dental Benefits

Administered by Delta Dental Plan of Virginia

| Plan Pays \$1,200 Maximum Per Person Per Plan Year | | In-Network You Pay |
|--|--|--------------------|
| <i>Diagnostic And Preventive Services</i> | Twice-a-year visits to the dentist for oral examinations, x-rays, and cleanings | \$0 |
| <i>Primary Services</i> | Fillings, oral surgery, periodontal services, scaling, repair of dentures, root canals and other endodontic services, and recementing of existing crowns and bridges | 20% AC |
| <i>Out-Of-Network Care</i> | For services by a non-network dentist, you pay the applicable coinsurance plus any amounts above the allowable charge. | |

Using Your Dental Benefits

To reduce your out-of-pocket expense, choose a Delta Dental network dentist. View the Provider Directory on the Web at www.deltadentalva.com.

Claims will be handled by the dentist's office and you will be responsible only for any coinsurance, which applies to the covered care you receive. If you go to a non-network dentist, you may pay more of the bill.

Vision Benefits

Administered by Anthem Blue Cross and Blue Shield

Present your plan identification card to your eye care professional when you need services. You may receive services from any licensed ophthalmologist, optometrist, or optician. You pay the provider's charge minus the plan's payment. You may need to file a claim for reimbursement. The provider may choose to file a claim for you, or you may need to file your own claim for reimbursement.

(continued on the reverse...)

Vision Benefits Highlights

| | The Plan Pays |
|--|---|
| <i>Routine Vision Exam</i> (once every 24 months) | Provider's charge up to a maximum of \$40 per routine exam |
| <i>Frames</i> (one pair every 24 months) | Provider's charge up to a maximum of \$75 per pair |
| <i>Lenses</i> (one pair of eyeglass lenses or any type of contact lenses every 24 months) | Provider's charge up to the maximum amounts specified below for the types of lenses provided: |
| ▲ Single lenses | \$50 per pair |
| ▲ Bifocal lenses | \$75 per pair |
| ▲ Trifocal lenses | \$100 per pair |
| ▲ Contact lenses (hard, soft, or disposable) | \$100 |

If You Need Assistance

Anthem Blue Cross and Blue Shield

Vision Care

(804) 355-8506 in Richmond
1-800-552-2682 outside Richmond
Monday through Friday 8:00 a.m. – 6:00 p.m.
Saturday 9:00 a.m. – 1:00 p.m.

On the Web at www.anthem.com

Delta Dental Plan of Virginia

Dental Care

1-888-335-8296

On the Web at www.deltadentalva.com

The Local Choice

The Local Choice Health Benefits Program
Commonwealth of Virginia
Department of Human Resource Management
101 North 14th Street – 13th Floor
Richmond, VA 23219
(804) 786-6460

On the Web at www.thelocalchoice.state.va.us

NOTE: This is not a policy. This is a brief summary of benefits under the Dental/Vision Plan offered with Advantage 65. If you enroll in the plan, you will receive a Dental/Vision Plan Member Handbook with detailed information about the benefits, exclusions, limitations, and your responsibilities under the plan.